# MARGIN

No. 1. v2

0 ż

PHYSICIANS should state of OCCUPATION is very PHYSICIANS RECORD properly classified. Exact statement PERMANENT stated EXACTLY. 4 should be UNFADING INK-THIS AGE carefully supplied. PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, a WRITE Important.

See instructions on back of certificate.

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

......Ward)

[If death occurred in a hospital or institution, give its NAME Instead ot street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  5 SINGLE,  MARRIED,  WIDOWED,  ORDIVORCE  (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended decessed from
(Month) (Day (Year)	that I last saw have alive on 15 1 1914.
7 AGE If LESS than 1 day, hrs. wrs. / 6 ds. OR min.?	and that death occurred on the date stated above, at 6/4-a, m.  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Convilsion
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 18 des
State or country)	Secondary  (Duration) VISO mos. ds.
10 NAME OF Chal & allen	(Signed) Pauc Jones, M. D.
11 BIRTHPLACE OF FATHER (State or country) Drown his med	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
d 12 MAIDEN NAME Paneis 94 mil	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) Wor custing and	At place In the of death yrs mos ds. State yrs mos ds  Where was disease contracted,
(Interment) Charles . E. aller	If not at place of death?
(Address) Inviviture Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flied 1/16 191 of Lekon Swith	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman. If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yis.) For persons "Laborer," As examples: But in many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—it respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carein-

ete, when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As ample: Measles affection need not be stated unless important. ralvular heart disease; Chronie interstilial nephritis nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "hanition," "Maras genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronehopnenmonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," State cause for "Exhaustion,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement

### 1 PLACE OF DEATH

998

County morecal ar

VIIIage or City near Inouthice and No.

STATE OF MARYLAND CERTIFICATE OF DEATH 351

Registration Dist. No.

.....Ward) St.;

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE  ARRHED  WIOWED  DROIVORCED  (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
8 D	Mov. 1. 81- 19/3	, 191, to, 191,
100	(Month) (Day (Year)	that I last saw h alive on
TA	GE If LESS than	and that death occurred on the date stated above, at 6 am,
	yrsmos3ds, ORmin. ?	The CAUSE OF DEATH * was as follows:
(a)	CCUPATION ) Trade, profession, or rficular kind of work	no to hy orcion, who tought
bus	General nature of Indusfry, Iness, or establishment in ch employed (or employer)	(Duration) , yrs. mos. ds.
9 81	RTHPLACE (State or country) han Innovince med	Secondary (Duration) yrs mos ds,
	10 NAME OF FATHER Lorras. Bishofa	(Signed) Taue one, M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) han Involvent	*State the DISEASE CAUSING DEATH, or. In deaths from VIOLENT
PAR	12 MAIDEN NAME OF MOTHER PARAME PROPERTY	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HIGHICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Lumeline 60 md	Af place in the of death yrs mos ds ds
14 T	(Informant) Live of the BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
	(Address) Girdle, brez frie Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fil	ed 1/13, 1914 LERO, Servith REGISTRAR	20 UNDERTAKER ADDRESS AM J. Millian Survey Sel
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age ness of various pursuits eau be known. The question tion is very important, so that the relative healthfuleated thus: should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Womeu at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: But in many "Foreman," (6)

lesis of lungs, pneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. Examples: Cerebrospinal time and causatiou), using always the same accepted causing death (the primary affection with respect to ("Pneumonia," brospinal meningitis"); Diphtheria (avoid use of fever (the only defiuite synonym is "Epidemic cere-"Croup";) Statement of cause of death-Name, first, the DISEASE Typhoid unqualified, is indefinite): Tubercumeninges, peritonacum, etc., forer (never report "Typhoid Carcin-

> nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, eic., of..... (uame origiu; "Cauaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease eau be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioture of the Americau Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probability is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State cause for Always qualify all diseases resulting from Measles (disease causing death), 29 ds.: "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations ou statement of



### i. No. 1.

# N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	PLACE OF DEATH	STATE OF MARYLAND
Cou	no Worksten	CERTIFICATE OF DEATH
000		Registration Dist. No.
VIII	nge or City Berlin (No,	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	FULL NAME / ong / Bony	
do	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE MARRIED, WIOWED, WIOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Jan 1914 (Month) (Day (Year)
6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	, 1857	that I last saw h alive on
7 AG	(Month) (Day (Yearl)  E If LESS than	and that death occurred on the date stated above, at
	56 yrs. mos. ds. or min.?	The CAUSE OF DEATH* was as follows:
	CUPATION	
		The state of the s
	Trade, profession, or icular kind of work.	with surgicular
(b) busi		(Duration) Magnioration 21-3
(b) busin	General nature of Industry, less, or establishment In	Gontributory Secondary
(b) busin	General nature of Industry, less, or establishment In h employed (or employer)	Contributory
par (b) busin whice	General nature of Industry, less, or establishment in the employed (or employer)  RTHPLACE State or country)  Chinical  ON AME OF FATHER  Nong Lock  It BIRTHPLACE OF FATHER	Contributory Secondary  (Duration) yrs mos ds  (Signed) August , M. D  Jun 2- Y, 1914 (Address) Bullin Rull
par (b) busin whice	General nature of Industry, less, or establishment in h employed (or employer)  RTHPLACE State or country)  Chinical  10 NAME OF FATHER  Wong Lock  11 BIRTHPLACE OF FATHER (State or country)  Lizhander NAME  12 MAIDEN NAME	Contributory Secondary  (Duration) yrs mos ds  (Signed) August , M. D  Jun 2- Y, 1914 (Address) Bullin Rull
(b) busin	General nature of Industry, less, or establishment In h employed (or employer)  China  The Place State or country)  China  To Name of Father  Of Father  (State or country)  China  China  To Name of Father  Of Mother  Of	(Signed) (Ouration) yrs mos ds  (Signed) (Address) (Signed) (Address) (Signed) (Signed) (Address) (Signed) (Sig
ARENTS epigeng (q)	General nature of Industry, less, or establishment in h employed (or employer)  RTHPLACE State or country)  Chinical  10 NAME OF FATHER  Wong Lock  11 BIRTHPLACE OF FATHER (State or country)  Lizhander NAME  12 MAIDEN NAME	(Signed) (Ouration) yrs mos ds  (Signed) (Address) (Backer Tall Heads of Injury; and (2) whether Accident
PARENTS  PARENTS  BIRD  PARENTS  PARENT	General nature of Industry, less, or establishment In the employed (or employer)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  13 BIRTHPLACE  13 BIRTHPLACE  14 BIRTHPLACE  14 BIRTHPLACE  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 BIRTHPLACE  18 BIRTHPLACE  18 BIRTHPLACE  19 BIRTHPLACE	(Signed) (Ouration) yrs mos ds  (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Address) (Address) (Signed) (Si
PARMINAS OF THE BEST OF THE BE	General nature of Industry, less, or establishment In the employed (or employer)  THPLACE State or country)  Chinical  To name of father (State or country)  Chinical  To name of father (State or country)  Chinical  To name of father (State or country)  To maid on name of mother  Of Mother  To Mother (State or country)	(Signed) (Ouration) yrs mos ds  (Signed) (Signed) (Address) (Address) (Signed) (Address) (Addres
PARMINAS OF THE BEST OF THE BE	General nature of Industry, less, or establishment in the employed (or employer)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 BIRTHPLACE OF MOTHER OF MOTHER (State or country)  15 BIRTHPLACE OF MOTHER (State or country)  16 ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from Viglent Causes, state (1) Means of Injury; and (2) whether Accident Tall, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients or Recent Residents) At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death?  Former or
PAREIN S PAR	General nature of Industry, less, or establishment in the employed (or employer)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Informant)  (Address). Mildinauring Mail State  (Address). Mildinauring	Contributory Secondary  (Duration)  (Signed)  *State the Disease Causing Death, or, in deaths from Viglent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients or Recent Residents)  At place in the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death?  Former or usual residence



[Approved by U. S. Census and American Fublic Health Association.]

applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Mauager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," -Coal (0)

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> nant neoplasms); Measles; Whooping cough; Chronic etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated nuless important. valeular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of..... (name origin; "Canby earbolic acid-probably snicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which snrgical operation was undertaken. For viochildbirth or miscarriage as "Heart failnre," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., denl; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Inmor" for malig-"Puerperal peritonitis," etc. State cause for Always qualify all diseases resulting from Measles "Senile," (Recommendations on statement of may be stated under the head of (disease causing death); 29 etc.), "Dropsy," "PUERPERAL septichae-"Exhaustion," Never report



### RECORD PERMANENT XX WRITE

SICIANS should OCCUPATION IS PHYSICIANS certificate. ō back See Instructions DEAT ō OF mportant. Every It

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. .....Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from 191..... to.... that I fast saw h..... alive on ..... (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date atated above, at... 1 day, ....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE ..., 191.4/ (Address). OF FATHER (State of country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_\_ mos. ... State ..... yrs. .... mos. \_ ds. Where was disease contracted. It not at place of death? Former or usual residence. 19-PLACE OF BURIAL OR REMOVAL 16 20 UNDERTAKER

If more blanks are needed, address State Registrar, Oh. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

DATE OF BURIAL

ADDRESS

Ilf death occurred in

(Year)

a hospital or institution.

give its NAME Instead of street and number.]

(Day

[Approved by U. S. Census and American Public Health

gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) retnrn "Laborer," As examples: "Foreman,"

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V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

C	ounty Win Elli	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 35051
V	FULL NAME ZMI LE 13	St; Ward)  [It death occurre a hospital or institut give its NAME institut of street and number
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	A COLOR OR RACE  S BINGLE, MARRIED, MAR	16 DATE OF OEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from 191 4, to 3 191  (that I last saw have alive on 191
7 A	GE   It LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
(a) pa (b) bus	CCUPATION ) Trade, profession, or ricular kind of work	Myocordices
	IRTHPLACE tate or country)  Marssland	Contributory Edamo Jungh - Cacate Discondary)  (Buration) vrs moser.
	ich employed (or employar)	Contributory Edema of Lungh - Cente Di



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an been changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmaterial worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons (4)

Statement of cause of death—Name, first, the disease causino death—In all respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 State cause for "Exhaustion," Examples:



STATE OF MARYLAND PLACE OF DEATH Very CERTIFICATE OF DEATH should 10 OCCUPATION Registration Dist. No. PHYSICIANS St: Ward) RECORD MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT statemen 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That? attended deceased from 17 8 DATE OF BIRTH classified. (Day) Month) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 properly BOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of Industry, supplied, pe business, or establishment in may which employed (or employer) ...... Contributory 9 BIRTHPLACE (Secondary) (State or country) carefully that (Deration) 10 NAME OF FATHER 0 11 BIRTHPLACE terms. RENT OF FATHER (State or country) should \*State the DISEASE CAUSING DEATH, or, in deaths from VPOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENuo 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. pisin A OF MOTHER Instructions 1 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place to the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. ..... mos. ..... ds. State ..... EATH Where was disease contracted. TO THE BEST OF MY KNOWLEDGE If not at place of death? 9 ā Former or (Informant) -OF Item usual residence Every Item CAUSE OF Important. 19 PLACE OF BURIAL OR REMOVAL (Address Ema 20 UNDERTAKER ADDRESS m REGISTRAR z

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

lit death occurred in

(Year)

a hospital or Institution.

give its NAME instead of street and number. ]

(Day)

DATE OF BURIAL

vectors,

....., 191.





[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative ...ealthful-Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," -Precise statement of occupa-If the occupation has "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

genital," "Senile," etc.), "Dropsy," "Exhaustion," sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreral septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never repor valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS

of information should be carefully supplied.

\* DEATH in plain terms, so that it may be instructions on back of certificate. WRITE PLAINLY, WITH Every item of information should be GAUSE OF DEATH in plain terms, so Important.

1 PLACE OF DEATH

County 4 or ester

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

St.;....Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	ale Color of RACE Single, MARRIEO, WIOWED, ORDIVORCEO ORUGE (Write the word)	(Month) (Day (Year)
6 D	Mov / 1913 (Month) (Day (Year)	that I last saw him alive on Dec 25, 1914.
TAI	GE   It LESS than 1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at 7 1 m.  The CAUSE OF DEATH* was as follows:
(a)	CCUPATION ) Trade, profession, or ticular kind of work	γνωταστέσουα
bus	) General nature of industry, siness, or establishment in line of employer (or employer)	(Duration) yrs mos ds.
9 8	(State or country) Near Drinoffice Ind	Gontributory Secondary
	10 NAME OF Limit Water	(Signed) Our L. Cluy , M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country) worked are commented and	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PAR	12 MAIDEN NAME OF MOTHER Wollie Hormon	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) hear Anowhere and	At place In the ot death yrs, mos ds
	(Informant) Chie Hormon	Where was disease contracted, It not at place of death?  Former or usual rosidence
16	(Address) but within mid	Costan Los Constant San y 184
FII	181 16 191 1 Elong Swith REGISTRAR	20 UNDERTAKER ADDRESS  M m & M Miliamis Anouttill med
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



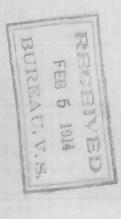


[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the honsehold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question of persons engaged in domestic service for wages, as gainfully employed, as At sehool or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthevia (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie oma, Sareoma, etc., of..... (name origin; "Canthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, "Contributory." injury, as fracture of skull, and consequences (e. g., Aecidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probability LENT DEATHS state MEANS OF INJURY and qualify as which snrgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) by earbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," may be stated under the head of (Recommendations on statement of etc.), "Dropsy," "Puerperal septichae-State cause for "Exhanstion," Never report



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RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS -Every item of information should be CAUSE OF DEATH in plain terms, se

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

(No.....

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3

St.:-----Ward)

[It death occurred in a hospital or institution, give its NAME instead ot street and number.]

	FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	Mule Color or race 5 single, Jufant widowed, ordivorced (Write the word)	16 DATE OF DEATH  (Month)  (Year)
6 D	ATE OF BIRTH DIE 15, 1.1912	17 I HEREBY GERTIFY, That I attended deceased from
(a pa		and that death occurred on the date stated above, at 940 Pm. The GAUSE OF DEATH* was as follows:
bus	iness, or establishment in ich employed (or employer)  IRTHPLACE (State or country)  Works Ter Donner	Contributory Secondary
	10 NAME OF Nouh Callers	(Signed) COUNTY OF MOS. ds.
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country)  OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs, mos ds.
	(Informant) College	Where was disease contracted, If not at place of death?  Former or usual residence.
16 Fl	(Address) John Life  Registran  If more blanks are needed, address State Regis	19 PLACE OF SURIAL OR REMOVAL  JAMES JAMES JAMES 1914  20 UNDERTAKER  CHANGE BALLENA PLEASE  CHANGE BALLENA PLEASE





[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, Irrespective of age. tiou is very important, so that the relative healthfulshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, It is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (6)

pneumonia"); Lobar pneumonia; Bronchopneumonia causing pears (the primary affection with respect to icsis of lungs, meninges, peritonaeum, etc., ("Pneumonia," brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cereterm for the same diseasc. Examples: Cerebrospinal time and causation), using always the same accepted Statement of cause of death-Name, first, the DISEASE Typhoid unqualified. is indefinite): Tubercufever (never report "Typhoid Carein-

> nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Canaffection need not be stated unless important. "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis, Injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uruemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras-Bronchopmeumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by earbolic acid-probably snieide. The nature of the Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustiou,"



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tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT AGE should be stated EXACTLY. information should be carefully supplied. AGE should be st ATH in plain terms, so that it may be properly classified. certificate. B.—Every item of information should be c See instructions on back of Important.

County Workston 995

Village or City Snow Hill

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

[it death occurred in a hospital or institution,

FULL NAME Grongis Costin	give its NAME instea of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIEO, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
G DATE OF BIRTH  Cupil.  (Month) (Day) (Year)	that I last any horn allve on Jan 370 1914
7 AGE   It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at m The GAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	(Duration) yrs mos 6 ds  Contributory consults cons
10 NAME OF FATHER fow and bobin  11 BIRTHPLACE OF FATHER (State or country) of anyland  2 MAID ON NAME  12 MAID ON NAME  12 MAID ON NAME	(Signed) The Color of State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother Using Hannan  13 BIRTHPLACE OF MOTHER (State or country) Danyland.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant). Edward Tuylon	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place in the ot death
(Address) snow Hill. Is d.  Filed Jan 6, 1914 Relog Sents  REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Workerto co, in country fam. ) 1913  20 UNDERTAKER  ADDRESS  WT. ##Samo Small

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Cleafth Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at heginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrement septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not he stated unless important, Ex valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vic-"Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." sepsis, tetanus) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may he stated under the head of "Dropsy," "Exhaustion," \_ (name origin; "Can-State cause for Examples:



### RECORD PERMANENT UNFADING

should is OCCUPATION certificate. 50 back Instructions DEAT PO mportant. Every 8

STATE OF MARYLAND LACE OF DEATH CERTIFICATE OF DEATH uncester Registration Dist. No. [If death occurred in Ward) a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIEO. WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 30 (Month) (Day TAGE if LESS than and that death occurred on the date stated above, at 1 day ......hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) -----Contributory..... BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER PARENTS (Address). OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) 1-2 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTA 13 BIRTHPLACE At place in the OF MOTHER (State or country) ..... yrs. ..... mos. ..... \_ ds. State ..... yrs, \_\_\_\_ mos. .... Where was disease contracted. 14 THE ABOVE If not at place of death? Former or usual residence. BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSINO DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement: cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation—Precise statement of occupa-Spinner; (b) Colton mill; (a) Salesman, If retired from business, that fact may be indl-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (%)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The uature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head Always qualify all diseases resulting from "Senile," ctc.), "Dropsy," "Exhaustion," (Recommendations on statement of State cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 2 1914
BURBAULV.S.

No. 1.

N. B.

properly classified. Exact statement of OCCUPATION is very, PHYSICIANS should state RECORD PERMANENT EXACTLY. should be UNFADING INK-THIS IS AGE carefully supplied. that it may See instructions on back of certificate. PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, a important. See instructions on back o

1 PLACE OF DEATH County Wircestin



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 36

St.;Ward)	fif death occurred
	a hospital or institution
	of street and number.

VII	lage or City (seamful (No	St.;Ward)	[If death occurred in a hospital or institution,
	FULL NAME STATE	rell	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
35	COLOR OR RACE SINGLE,  MARRIED,  WHOWES,  Whowere World  Write the world	16 DATE OF DEATH (Month)	, 191C
6 D	(Mouth) (Day: (Year)	that I last saw h alive on	Le de 191
7 A		and that death occurred on the date stated ab The CAUSE OF DEATH* was as lollows:	note, at & a Ly m
(a pa (b) bus	CCUPATION ) Trade, profession, or rlicular kind of work	(Ouration)	yrs mos & U. d.
-	inthelace (State or country)	Contributory Secondary (Duration)	vrs. mas ds
ARENTS	11 BIRTHPY CCE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed)	ace of St.
Δ.	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS)  Af place In the of death yrs mos ds. State	STITUTIONS, TRANSIENTS
	(Informant)	It not at place of death?  Former or usual residence.	
16 FI	ed fan 19 1914 Gall Shirman	Near St-fames nfarms	THE OF BURIAL
	REGISTRAR	Lather Belleva	remore

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time aud causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, aunt neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cantheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles affection used not be stated nuless important. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Marasgeuital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) eause of death approved by Committee on Nomencla "Contributory." sepsis, telanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of (disease causing death), 29 "Dropsy," "Exhaustion," "PUERPERAL septichae-Never report



### RECORD PERMANENT UNFADING

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No .... lif death occurred in .Ward) a hospital or institution. give its NAME Instead ot street and number. 1 MEDICAL CERTIFICATE OF DEATH CAL PARTICULARS PERSONAL AND STATIS 16 DATE OF DEATH SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than that death occurred on the date stated above, at 1 day .....hrs. ....mos ..... OR ..... 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment In (Quration) which employed (or employer) ..... Contributory. 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) PARENTS OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAM TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State \_\_\_\_\_ ds Where was disease contracted. 14 THE ABOVE IS If not at place of death? Former or usuai residence. DATE OF BURIAL 1.5 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrate 6 E. Franklin St., Ralto., Requesting - S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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DEATH in plain terms, so that it may be see instructions on back of certificate. CAUSE OF Important. 1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Fif death accurred in

PERSONAL AND STATISTICAL PARTICULARS  SEX  OBJURITATION  OBJURITATION  OBJURITATION  OBJURITATION  TAGE  OCCUPATION (1) Trade, profession, or particular indicator, possibles, or establishment in which amplicate (or country)  OCCUPATION (1) TRANSPORT OF COUNTRY)  OBJURITATION  OBJUR	Vilia	2FULL NAME NOT Manus	St.; Ward)  a hospital or institution, give its NAME instead of street and number.]
DATE OF BIRTH  ODATE OF ODATE OF ODATE OF ODATE OF ODATE OF OTHER OF ODATE OF ODA		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
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(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Clined & Hancock (Signed)  11 BIRTHPLACE OF FATHER OF A Language (State or country)  12 MAIDEN NAME OF OF MOTHER OF A Language (State or country)  13 BIRTHPLACE OF MOTHER OF A Language (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant).  (Address)  A Language (Informant).		(Month) (Day (Year)  E Thee Bon I LESS than t day,hrs.	that I last saw h alive on 191 , 191 and that death occurred on the date stated above, at
Secondary	(a) 1 parti (b) i busin	Frade, profession, or icular kind of work.  General nature of industry, Jess, or establishment in	Still Florie Mos. ds.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  (Address)  (Address)  15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL  Clinical and the contracted of death?  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL	TS	10 NAME OF Clfred E Hancock  11 BIRTHPLACE OF FATHER (State or country) W Dresler Co MA  12 MAIDEN NAME)	(Signed) (Duration) yrs mos ds.  (Signed) (Notice Delegation), M. D.  Actual Lo., 1914 (Address) Blockway 144  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
16 de 2/ 1010 De du dellace hang Huy 1/27 1914	14 Th	13 BIRTHPLACE OF MOTHER (State or country) World Carolised HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) Wheel E Hawevell	At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death?  Former or usual residence.
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting S. No. 1.	15 Flie	1/27/,1914 Walter REGISTRAR	Gudlebrie Spring Hill 1/27 1914 20 UNDERTAKER Stack Slock on see



[Approved by U. S. Census and American Public Health Association.]

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1 PLACE OF DEATH

1001

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution give its NAME instead

ADDRESS

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, ORDINORIES (Write the word)	16 DATE OF DEATH Jain 3 , 191 (Month) (Day (Year)  173 ( HEREBY CERTIFY. That attended deceased from
6 D	ATE OF BIRTH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(Month) (Day (Year)	that I last saw h la alive on Joseph 3 191
7 A	GE	and that death occurred on the date stated above, at
(a pa (b) bus	CCUPATION ) Trade, profession, or rticular kind of work	Severe (Duration) yrs. mos. ds.
	(State or country) Mary & Carl	Secondary  Cardino followers (mos. ds.
NTS	10 NAME OF FATHER M. Harry larman  11 BIRTHPLACE OF FATHER (State or country)  May larman	(Signed), (Address) , M. D.  *State the Diskase Causing Death, or, in deaths from Violent
PARE	12 MAIDEN NAME OLUBAL OULLING 13 BIRTHPLACE	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal,  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	of Mother (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  M. M. M. Jarman	At place of death yrs. mos, ds. State yrs. mos. ds  Where was disease contracted, If not at place of death? Former or usual residence.

20 UNDERTAKE

If more blanks are needed, address State Registrer, 6 E. Franklin St., Bako., Requesting V. S. No. 1.

REGISTRAR

V. S. No. 1.

N.B.



[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Mauager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But ln many "Foreman,"

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STATE OF MARYLAND PLACE OF DEATH County Worcester CERTIFICATE OF DEATH Registration Dist. No. 1.1. Ilf death occurred in St:.....Ward) a hospital or institution. give its NAME Instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5-SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) ORDIVORCED (Write the word) ! HEREBY CERTIFY, That ! attended deceased from B DATE OF BIRTH (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at \_\_\_\_\_ m. f day, .....hrs. BOCCUPATION (a) Trada, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs. Where was diseasa contracted. 14 THE ABOVE IS TRUE TO If not at place of death? usual residenca PLACE OF BURIAL OR REMOVAL RATE OF BURIAL (Address) .... 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." (b) Cotton mill; (a) Salesman, If the occupation has As examples: For persons

Statement of cause of death—Name, first, the diblass causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "Purspenal scottichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." schsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUBY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Deblity" ("Conmere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.: State cause for Examples:



RECORD

PERMANENT

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH

V. S. No. 1.

1 PLACE OF DEATH	1009	STATE OF MARYLAND
County Worcester	1000	CERTIFICATE OF DEATH
		Registration Dist. No.
Village or City Stocklan	(No,,	St.; Ward) [If death occurred in a hospifal or institution, give its NAME instead
FULL NAME GEORG	marshall of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED  WIDOWED  OR DIVORCE  Write to		16 DATE OF DEATH Jace 23, 1914 (Month) (Day (Year)
6 DATE OF BIRTH		1 HEREBY CERTIFY, That I attended deceased from
Jan 21	1 ,1838	that I last saw h and allve on Jace 25, 1914
7 AGE (Month) (De	(Year)	and that death occurred on the date stated above, at 4.30 Pm.
76 - 7	1 day,hrs.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION YES MOS	ds.   <u>OR</u> min. ?	A A
(a) Trade, profession, or Real Estate dealer		le i dral / cemerlagen
(b) General nature of Industry, Buying and Delling business, or establishment in Real Estate		(Ourafion) yrs. mos. / La ds.
9 BIRTHPLACE (State or country)		Contributory Secondary
_ mollester come		(Ogration) yrs mos ds.
10 NAME OF FATHER Williams & Willers & GRE		(Signed) Jetus Dichessus, M. D.
OF FATHER	-	Jan 23, 1914 (Address) Shocketing had
11 BIRTHPLACE OF FATHER (State or country) Worceste  12 MAIDEN NAME OF MOTHER A	~ Would	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER ALLE THE	ranklin	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) (10 Wesle	- 1 / / / /	At place In the
14 THE ABOVE IS TRUE TO THE BEST, OF MY KNOWLEDGE		Where was disease contracted,
1 on off Milliante		If not at place of death?
(Informanf)		usual residence
(Address) Stockton Ma		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 1221 WA 11 A Paris		20 UNDERTAKER ADDRESS
Filed 1914 W	REGISTRAR	Hancre Hal Smar H Clay H

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cssary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupathus: Farmer (retired 6 yrs.) For persons If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," At home. As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," nnqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or misearriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Maras-nns," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. thre of the American Medical Association.) Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for mailg-The contributory (seeondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. No. 1.

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the Word)	, 191.7.
Mark (Write the word) 17 JHE	(Month) (Day (Year)
OATE OF BIRTH  MCh  (Month)  (Day  (Year)  TAGE  TAGE  TAGE  TAGE  TO STATE OF BIRTH  (Month)  (Day  (Year)  TAGE  And that I last saw have and that death occur	1, 1913, to 1/2 p, 1914,
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which amployed (or employer)	Mysequel " mos. ds.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country) Warnester  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  15 CAUSES, STATE (1) TAL, SUICIDAL, OF TAL, SUIC	IDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, In the mos. ds. State yrs, mos. ds
(Informant)  (Address) In ordifice Ind  (Address) Ind	Ly Coulery Jan 28, 191 44  Shillians Anow Hill  Balto, Requesting V. S. No. 1



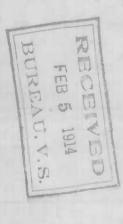


[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Hausekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," As examples: But in many (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia." unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name orlgin; "Caumia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scotichae cte., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia." "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatie), "Atrophy," mere symptoms or terminal eonditions, such as "Assuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (seeondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease eansing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," State eause for Never report



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

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Every item of information should be carefully suppl CAUSE OF DEATH in plain terms, so that it may important. See instructions on back of certificate.

N. B.

1 PLACE OF DEATH

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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution. give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3 5 5	Color of RACE Single, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last saw halive on
TAC	GE If LESS than	and that death occurred on the date stated above, at 11 Mellom.
	yrs	The CAUSE OF DEATH* was as follows:
	CCUPATION	In von success
	Trade, profession, or Trouble Line Control of Work	makling from butt.
(b)	General nature of industry,	You was a said
business, or establishment in which employed (or employer)		(Duration) yrs mos 3 ds.
9 BIRTHPLACE (State or country)		Contributory Secondary
	onorthe "Me	(Duration) yrs mos ds.
10 NAME OF Servel, Nielbronn		(Signed) Touch fores, M. D.
11 BIRTHPLACE OF FATHER OF FATHER  OF MOTHER  12 MAIDEN NAME OF MOTHER  OF MOTHER OF MOTHER  OF MOTHER (State or country) Workerster Poopnet		Jan 25th, 1914 (Address) Snow Hill nd
		*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSCENSE
		OR RECENT RESIDENTS) At place In the
		of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted, If not at place of death?
(Informant) the Working		Former or usual rasidenca
Amondair On Ist		4.0
(Address)		M 7 Courtley Couclose Jan 2-6 1914
Filed Jan 25, 1914 & Ellay Seriel.		29 UNDERTAKER ADDRESS
	REGISTRAR	months me

address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



### 8

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uecfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples: But iu many (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonacum, etc., Carcin-

ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Caumia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS PROBABNI LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioture of the American Medical Association.) canse of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," (Recommendations on statement of etc.), "Dropsy," "PUERPERAL scptichae-State cause for "Exhaustion,"



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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS See Instructions on back of certificate. WRITE PLAINLY, WITH Important. E I

1006 1 PLACE OF DEATH County Worcesta

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 357

Village or City Surow Hell (No. ,	St.; Ward)  [If death occurred a hospital or institution give its NAME instet of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mair While (Write the word)	18 DATE OF DEATH 2 (Month) (Day) (Year)
S DATE OF BIRTH  S 2 14 , 182 (Month) (Day) (Year)	Dout Run 191 to Dout Run 191  that I last saw h alive on Dout Run 191
7 AGE   It LESS than 1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at 8-151 9 m  The CAUSE OF DEATH* was as follows:
SOCCUPATION  (a) Trade, protession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  William Mills  70  11 BIRTHPLACE OF FATHER (State or country)  22  33  34  35  36  37  38  38  38  38  38  38  38  38  38	(Duration) Druk Rucus  (Gontributory (Secondary)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Signed)  (Sig
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the ot death yrs, mos, ds. State yrs, mos, ds.  Where was disease contracted, it not at place of death?
(Address) Inowstill BB#2  16 Filed Jan 12, 1914 LEKay Sewith.	Former or usual residence.  19 place of Burial or REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  ADDRESS

If more hlanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulheen changed or given up on account of the DISEASE mine, etc. "Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purereral scottichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," "Hart fallure," "Haemorrhage," "Inaultion," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of by carbolic ocid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," \_\_ (name origin; "Can State cause for Examples:



OCCUPATION PHYSICIANS PERMANENT classifie properly INK supplied. UNFADING certilicat 50 terms, n back 0 ATH in plair instructions DEAT WRITE ō Important. Every It

TAGE

8 OCCUPATION

BIRTHPLACE

PARENTS

15

STATE OF MARYLAND 1 PLACE OF DEATH TE OF DEATH

County Noville	CERTIFICA
0 0	Registrat
Village or City Burling (No.	I'ms st;
FULL NAME PLOSE	morrise
PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFI
3 SEY 4 COLOR OF BACE 5 SINGLE.	16 DATE OF DEATH

WIDOWED,

(Write the word)

[If death occurred in ...Ward) a hospital or institution, give its NAME instead of street and number. ] CATE OF DEATH (Month) (Day I HEREBY CERTIFY, That I attended deceased from .. slive on. and that death occurred on the date stated above, st Contributory Secondary (Address) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death ..... yrs. .... mos. .... State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_ ds. Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

DATE OF BIRTH (Month) (Year) (Day If LESS than 1 day,.....hrs. OR ..... min. ? (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country (Address) .... 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registraf, 6 E. Franklin St., Balto, Requesting V. S. No. 1.



### 8

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, napt neoplasms); Measles; Whooping cough; Chronic oma, Sareoma, etc., of...... (name origin; "Cau-"Contributory." ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis,", etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles "Senile," (Recommendations on statement of may be stated under the head of (disease causing death), 29 etc.), "Dropsy," "Exhaustion," Never report



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT QNIONIB 4 FOR UNFADING INK-THIS RESERVED carefully supplied. Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it mimportant. See instructions on back of certificate. MARGIN WRITE PLAINLY, WITH

N. B.—Every item CAUSE OF

B. No. 1.

Village or City Snowstill (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. St; Ward)  [if death occurred in a hospital or institution, give its MAME instead
*FULL NAME William S. Son	et street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Sangle, Married, Widowed, Wingles (Write the word)	(Month) (Day) (Year)  17 1 HEREBY CERTIFY, That I attended deceased from
GOVENDES 6, 1828  (Month) (Day) (Year)	that I last saw h iam alive on 1/22/14, 191
7 AGE if LESS than 1 day,	and that death occurred on the date stated above, at 2-30 Q m, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work	Patient uniteresente a resident
(State or country) mary land	(Secondary) (Duration) yrs. mos. ds.
10 NAME OF FATHER William Gransford	(Signed) E & Wiselast, M. D. 1/24, 1914 (Address) Surve the W.S.
11 BIRTHPLACE OFFATHER (State or country) DECOWARD  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) & slaw and	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the oil death yrs, mos, ds.  Where we discord contracted
interment, Welliam Petit	Where was disease contracted, It not at place of death? Former or usual residence
(Address) Snowstill bid	M.P. Constry & now fill fan 24, 1914
Filed Jacoby 1914 a Elon Seuch.	20 UNDERTAKER ADDRESS

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborerstatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; tbe nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not wbo receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-As examples: "Foreman," (%)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease. It is an accepted to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Puznperal septicharcause of death approved by Committee on Nomencia. "Contributory." scpsis, tctanus) Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver reound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maran-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malls ture of the American Medical Association.) mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of nant neoplasms) : Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," may be stated under the head of (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples: FOF VIO-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 FOR WRITE PLAINLY, WITH UNFADING INK-THIS RESERVED MARGIN

V. S. No. 1.

Village or City Carnelleton (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 8/6  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME OUT OF THE STATE OF T	MEDICAL CENTIFICATION OF ALL ALL ALL ALL ALL ALL ALL ALL ALL AL
PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  MARRIED, WIDOWED, WIDOWED, WIDOWED, Write the word)	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  (Month) (Day) (Year)  17. I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH  April 5- 1851  (Month) (Day) (Year)	that I last saw have all less to face 1 1914
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at 0, 40 m.  The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work	Contributory Classic Pulsus (Secondary)  (Duration)  yrs. mos. /3 ds.  Contributory Classic Pulsus (Secondary)  (Secondary)  yrs. mos. ds
OF FATHER Wilson Nible  11 BIRTHPLACE OF FATHER (State or country) Haryland  12 MAIDEN NAME OF MOTHER Parkey Hall.	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant), Pell the Rearman	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, it not at place of death? Former or usual residence.
(Address) Bishop M. R. D.  15 Filed Jan 15 1914 Grandtry Rayra to REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Jan 13, 1914  20 UNDERTAKER  P # Watron  ADDRESS  ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry; and therefore an been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) If the occupation has 9

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage. as "I'unappeal septichae. etc., when a definite discase can be ascertained as the mere symptoms or terminal conditions, such as "Asinjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis uant neoplasms); Measics; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of \_ "Hart failure," "Haemorrhage," "Inanition," "Maras Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion." (name origin; "Can death), 29 ds. State cause for Never report Examples: For vio 01

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 8 1914
BUREAUTY.S.

PHYSICIANS should state of OCCUPATION is very

properly classified. Exact statement

RECORD

PERMANENT stated EXACTLY.

4

UNFADING INK-THIS IS

AGE

carefully supplied.

Every item of information should be carefully su CAUSE OF DEATH in piain terms, so that it mi important. See instructions on back of certilicate.

WRITE PLAINLY, WITH

B. ż

### 1 PLACE OF DEATH

Mustu

(No.....

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

...Ward)

Ilf death occurred in a hospital or Institution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH  Month)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
191 to 191 that I last saw h alive on 191
and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
Still Barries (Duration) yrs mos ds.
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, or HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALB, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place in the of death
19 PLACE OF BURIAL OR REMOVAL  14 ALLS HILL (Baptest AM 30, 1914)  20 UNDERTAKER  PLEMESON TB  PLEMESON TB





[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tiou is very important, so that the relative healthfulshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At schoot or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton milt; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

pneumonia"); Lobar lesis of lungs, meninges, peritonaeum, etc., term for the same disease. time and causation), using always the same accepted causing death (the primary affection with respect to ("Pneumonia," "Croup";) fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE meningltis"); Typhoid fever (never report "Typhoid unqualified, is Indefinite): Tubercupneumonia; Bronchopneumonia Diphtheria Examples: Cerebrospinal (avoid use

> oma, Sarcoma, etc., of..... (name origin; "Cannant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia." "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as etc., when a defiuite disease can be ascertained as the mus." "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "PUERPERAL septichae-"Exhaustion," Never report



back





[Approved by U. S. Census and American Fublic Health Association.]

"Manager," "Dealer," etc., without more precise specistatemeut. tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ete. fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many oecupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons rcturn "Laborer," As examples: "Foreman," (7)

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ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Coutributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably snicide. The nature of the Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably MENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacctc., when a definite disease eau be ascertained as the mus." "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Bronchopneumonia is less defluite; avoid use of "Tumor" for maligtetanus) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary), 10 ds. "Dropsy," State eause for "Exhaustion," Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

worester



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 35/

St.;....Ward)

[If death occurred in a hospital or Institution give its NAME Instead of street and number.]

FULL NAME	Ralin	/umice
I OLL HAIIL	***************************************	\$ 000 a 01 t 01 1 0 2 0 0 0 t 0 0 0 0 0 0 0 0 0 0 0 0 0 0

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH / 6 , 191 4 (Year)
6 DATE OF BIRTH  AL. 6 . (Nonth) (Day (Year)	that I last saw he alive on 12/1   1913
TAGE  11 LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 2 9 m.  The CAUSE OF DEATH* was as follows:  2 Luys
particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	(Duration) / yrs mos ds.  Contributory Secondary
10 NAME OF FATHER Duartin  11 BIRTHPLACE OF FATHER (State or country) Correspond nud  12 MAIDEN NAME	(Signed) (Nation) (Signed) (Signed) (National State Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Workealin & me  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, if not at place of death?
(Informant) 425 C, March  (Address) Smoothee M.S.  Filed 1/16, 1914 ReRoySwith  FEGISTRAR	Former or usual residence

S. No. 1.



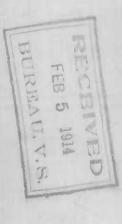


[Approved by U. S. Census and American Public Health

"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Furmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Antomobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: Bnt iu many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only defiuite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pdeumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asralvular heart disease; Chronic interstitial nephritis aant peoplasms); Measles; Whooping congh; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage as "Preprenal septichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma." "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioture of the Americau Medical Association.) canse of death approved by Committee ou Nomencla-"Contributory." sepsis. tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably snicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probability is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.: "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhanstion," State cause for



### WRITE PLAINLY, WITH CAUSE OF

Important.

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PHYSICIANS should state of OCCUPATION is very

RECORD

1 PLACE OF DEATH Village or City Berlin ma

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

St .....Ward)

I'll death occurred in a hospital or institution, give its NAME instead

	2 FULL NAME Margret, 1. Pur	nell
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	emale while Single,  MARRIEO, WIDOWED, WIDOWED, Write the word)	Lamary (Month) (Day 9 (Year)
6 D	ATE OF BIRTH	MEREBY CERTIFY, That I attended deceased from 1904, to Jan 9 5 1914
TAG	(Month) (Day (Year)  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 915?  The CAUSE OF DEATH* was as follows:
(a) par (b) bus	CCUPATION Trade, profession, or riticular kind of work	hardgais of throat  (Duration) 10 yrs mos a
-	RTHPLACE (State or country)  10 NAME OF FATHER LEW Edward Slavesons	Contributory Exhaustrain 5 and nutritions Secondary  (Duration) yrs mos 8 d  (Signed) Lolloh P Idury M.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
<u>a</u>	13 BIRTHPLACE OF MOTHER (State or country) Magina THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the ot death
15	(Interment) Mrs Kati Whaley (Address) Bulis mul	Former or usual residence
10	11 1010	The way will be the state of th

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mme, etc. fication as Day laborer, Farm laborer, Laborer--Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second cases, especially in industrial employments, it is nec-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every persou, irrespective of age. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, thus: If retired from business, that fact may be iudi-Women at home, who are eugaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Branchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc, when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can Bronchopneumonia is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary), 10 ds. Never report State cause for or as probably For vio-



### RECORD PERMANENT properly may 20 terms. n back piai = DEATH WRITE item :

instructions Every item CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... lit death occurred in .....Ward) a hospital or Institution. give its NAME instead ot street and number. 3 MEDICAL CERTIFICATE OF PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 18 DATE OF DEATH 4 COLOR OR BACE MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) (Month) (Day (Year) TAGE It LESS than 1 day .....hrs. OR ..... 7 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (State or country \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. .... \_\_ ds. State ..... yrs, \_\_\_\_ mos, \_\_ Where was disease contracted. 14 THE ABOVE IS TRUE It not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRES REGISTRAR If more blanks are need, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specitiou is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping eough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaectc., when a defluite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuife," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report 10



V. S. No. 1.

County Marcustu 1015	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 3 J 2
Village or City Ocian City (No	St.; Ward)  [If death eccurred I a hospital or Institution give lis NAME losted of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, MARRIED, WIDDWEO, OR OVERCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREFY CERTIFY, That I attended decays of from
1   1   1   1   1   1   1   1   1   1	that I last asw hell alive on 9 1914 and that death occurred on the date stated above, at Am
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Contributory (Secondary)
10 NAME OF FATHER Charles Scripson  11 BIRTHPLACE OF FATHER (State or country) for general  22 MAIDEN NAME OF OF MOTHER OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) Woreslet Grunt,  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant, May Scimpson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. Sfate yrs. mos. ds.  Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Desait City Miles  15  Filed / 2 Jan, 1914 Jas H Muniful  Liveal FEGISTRAR  If more blanks are needed, address State Registra	Jayla Vill Church Jan 10, 1914.  20 UNGERTAKER  J. Burshope & Berling
and the state of t	o m. Diamann St., Daito., Lequesting v. 8(/No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of iilof persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative meaithful-(a) Spinner, (b) Cotton mill; (a) Salesman, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomenciasepsis, tetanus) by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUEEPEBAL peritonitis," etc. childbirth or miscarriage, as "Purrerral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medicai Association.) "Contributory." injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably -Hart failure," "Haemorrhage," "Inanition," "Marasample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



No. .

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PERMANENT UNFADING INK-THIS IS

supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OGCUPATION is very RECORD Every item of information should be earefully supplied. CAUSE OF DEATH in plain terms, so that it may be certificate. See instructions on back of WRITE PLAINLY, WITH Important.

1 PLACE OF DEATH	
ounty Marciel	151
/illage or City Parawak	in Ces
2 FILL NAME MUCA	gaut

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No

St.; Ward)

[It death occurred to a hospital or lostitution,

PULL NAME Margani	street and oumber.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fruale Black Single, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h & allve on \\ \forall \overline{\infty} \overlin
7 AGE  S 7 about 1 day,hrs. ormin.?	and that death occurred on the date stated above, at median the CAUSE OF DEATH* was as follows:
particular kind of work  (b) General nature of Industry, business, or establishment to which employed (or employer)  **BIRTHPLACE* (State or country)  10 NAME OF FATHER	Contributory (Secondary)  (Duration) yrs mos ds  (Signed) A A A A A A A A A A A A A A A A A A A
V) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL STREETS OF THE STR
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Informant)  MOJES STRILLING	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death? Former or usual residence.
15 Filed Januar 16, 1914 Plan Hallmann REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  AURILIA 1914  20 UNDERTAKER  ADDRESS  OCCUMBE

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



### 3

### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indithus: Farmer (retired 6 yrs.). Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease Causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

cause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PULEPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chrowia ture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as valvular heart disease; Ohronic interstitial nephritis ver" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... -Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: For vio-



### S. No. 1.

# WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Every litem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. 8 ż

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....St.;.....Ward)

PLACE OF DEATH	1017	-	The state of the s	
County Workerler	<u> </u>	113		CE
Village or City Town	lin	.(No	mil	••••
FULL NAME	ha L	lus (	V, Juge	N

[it death occurred in a hospital or institution,

FULL NAME This Films (7),	Justov give its MAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jemul 4 COLOR OR RACE 6 SINGLE, MARRIEO, WIDOWED, ORGIVORGEO (Write the word)	(Month) (Day (Year)	
TAGE  DATE OF BIRTH  J. J	that I last saw h A alive on Joe 20, 1914, and that death occurred on the date stated above, at Am.	
BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was an follown:  Malignael Frouth of R Reduced  a few mass  (Buration) yrs. f. mos. ds.	
9 BIRTHPLACE (State or country) Wary and  10 NAME OF FATHER Star Willett  11 BIRTHPLACE OF FATHER (State or country) Urgania  12 MAIDEN NAME OF MOTHER STATE O	Contributory Secondary  (Opration)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (A	
OF MOTHER Austla Applicand  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, on RECENT RESIDENTS)  At place in the ot death yrs. mos. ds. State yrs, mos. ds  Where was disease contracted, it not at place of death?  Former or usual residence.	
(Address)	19 PLACE OF BURIAL OR REMOVAL  EVERY SELLE CENTERY  20 UNDERTAKER  ADDRESS  Bulliu Jul  tyr, 6 E. Franklin St., Belto., Requesting V. S. No. 1.	



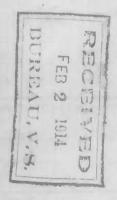


[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the klnd of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner; (b) Cotton mill; (a) Salesman, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

pneumonia"); Lobar term for the same disease. Examples: Cerebrospinal causing death (the primary affection with respect to ("Pneumonia," time and causation), using always the same accepted "Croup";) fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., meningitis"): Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercupucumonia; Bronehopneumonia Diphtheria (avoid use

> mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name orlgin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. mia," "Puerrebal peritonitis," etc. State cause for childblrth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtctanus) Always qualify all diseases resulting from Meastes "Senile," etc.), (Recommendations on statement of may be stated under the head of (disease causing death), 29 "Dropsy," "PUERPERAL septichae-"Exhaustion," Never report For vioprobably



### S. No. 1.

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PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very PERMANENT stated EXACTLY. should be UNFADING INK-THIS IS AGE carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate, WRITE PLAINLY, WITH Every item Important. 1

	OF DEATH		-	1
County 117-	ecs Ci	1018	3	
Gounty	1	0 + + 0 0 0 + 0 + + + + + + + + + + + +		110
	Laca	mople (	C- U	
Village or City			No	/13

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 350

...St.;....Ward)

[if death occurred in a hospital or institution, give its NAME Instead of streef and number.]

FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Juale 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH  (Month) (Day (Year)  17  I HEREBY GERTIFY, That I attended deceased from
6 DATE OF BIRTH	12 · 2 4 , 1913 , to 5 , 191
(Month) (Day (Year)	that I last saw have alive on June 7, 1914
7 AGE  If LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, profession, or particular kind of work	Ceebro Spinal Meningilis
business, or establishment in which employed (or employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed)
of MOTHER Gla face  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	Where was disease contracted, It not at place of death?  Former or usual residence.
16 Filed SAUS 1914 Then Hellinge	19 PLACE OF BURIAL OR REMOVAL  Adults Hill  20 UNDERTAKER  ADDRESS
REGISTRAR	Chas Bulland Premote





[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer. Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fremun, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g.. Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," Salesman, As examples: But in many "Foreman," (6)

("Pucumonia," pneumonia"); term for the same disease. Examples: Cerebrospinal brospinal meningitis"); Diphtheria (avoid use of time and causation), using always the same accepted causing death (the primary affection with respect to "Croup";) Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., (the only definite synonym is "Epidemic cere-Typhoid Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubercuferer (never report "Typhoid Carcin-

> oma, Sarcoma, etc., of..... (name origin; "Canaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asdent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Heart failure," "Haemorrhage," "Inanition," "Maras Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railreay train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics "Senile," etc.), (Recommendations on statement of may be stated under the head of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," "PUERPERAL septichae-Never report

